MCO337

Department of Health and Social Security

Welsh Office

January 1970

HMSO 5s [25p] net

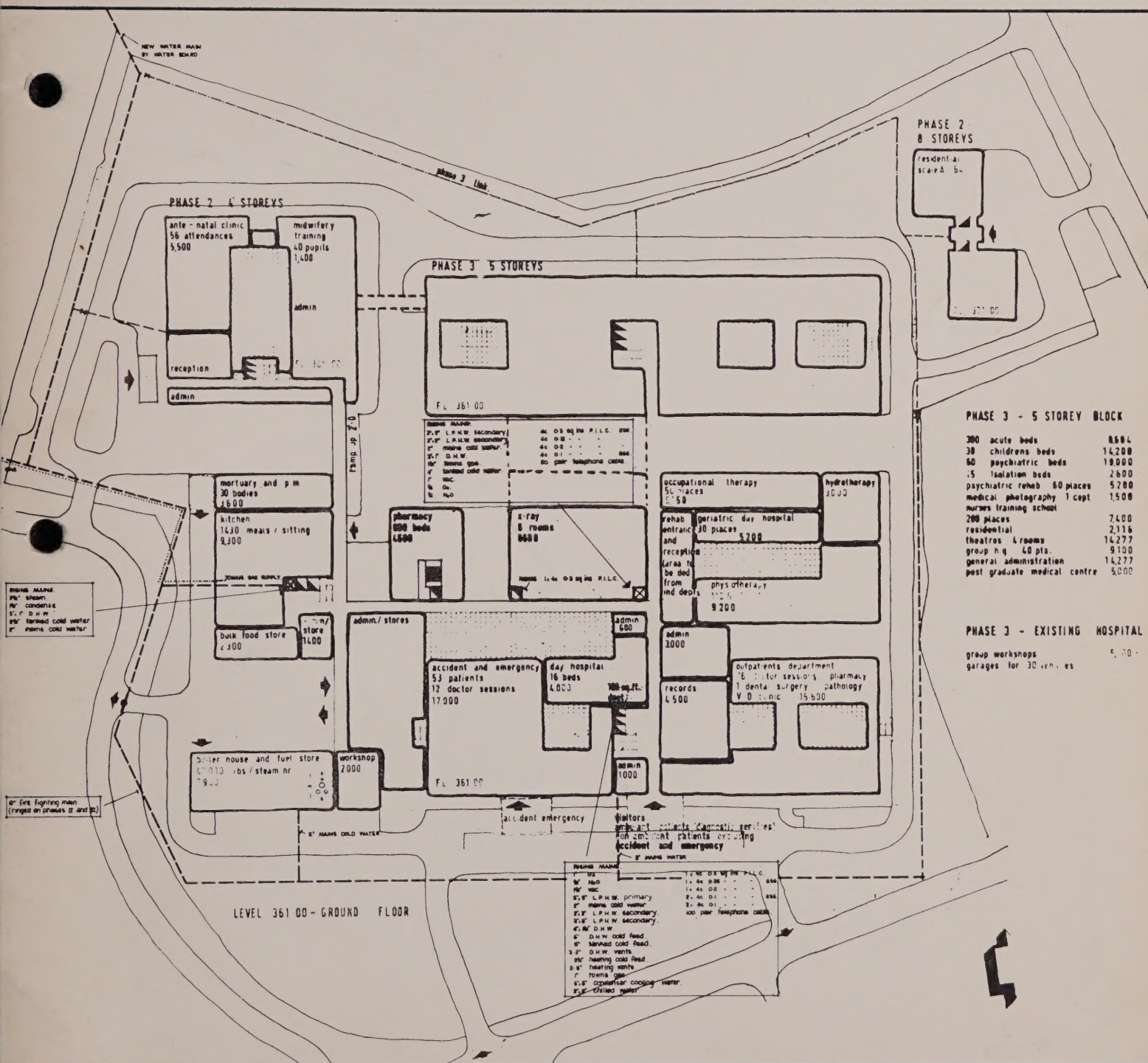
CI/SfB
41 / / / (A3f)
UDC 725.511
SfB (1961) (94) Ba5

Capricode

Capital Projects Code
Hospital Building Procedure Note

5

The Development Control Plan



Department of Health and Social Security: London

Welsh Office: Cardiff

Hospital Building Procedure Note Number 5

The Development Control Plan

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Capricode

The National Health Service Capital Projects Code is intended to be a source of reference for all concerned with the planning of buildings in which to provide the health and welfare services which are the responsibility of the Secretary of State of the Department of Health and Social Security. Eventually it will contain all the procedural and financial guidance issued by the Department in relation to the building programmes for which it is responsible and will incorporate lists of the professional and technical guidance which is available in connection with the planning of particular buildings or departments of hospitals.

The first chapters of CAPRICODE take the form of a series of notes aimed at standardising the methods of approach to the planning of hospital buildings. Hospital Building Procedure Note No. 5 (which should be read in conjunction with the other H.B.P. Notes) indicates how once the need for the various services has been established, it is essential to visualise the disposition of the buildings required to meet that need on a particular site or sites.

By strict adherence to the procedures described maximum use of both manpower and capital resources will be achieved and the delays which have been occasioned in the past by reason of omissions or inadequate costing will be avoided. If the procedures are followed faithfully approval will be given much more speedily than has hitherto been possible, even on multi-million pound projects of such a complex nature. This chapter of CAPRICODE is accordingly commended to hospital authorities and they are urged to ensure that all who are concerned with them in the provision of hospital buildings are aware of the guidance and of its importance in the context of the work which they do.

The Development Control Plan

Scope

1 This Note describes the purpose and content of the development control plan and the factors to be taken into account in producing it. It should be read in conjunction with H.B.P.N. 1 to 4 and 6.

Objects

2 The aim of the development control plan is to provide

(i) An overall appreciation of the project in terms of the disposition of the required accommodation, the shapes of buildings and their inter-relationship and phasing.

(ii) A basis for the measurement of on-costs for use in the production of the Budget cost for the scheme.

General requirements

3 The development control plan consists of a series of drawings in plan and section covering in detail the phases of a project which are intended to proceed to construction within the following few years of the current programme, and in outline subsequent phases.

4 The drawings dealing with the immediate phases should show how the floor areas and volumes for the required departments can be accommodated in the desired operational relationships to each other within the selected building shape, disposed according to the character of the site. They should indicate the communication system, and the routes for movement of patients, personnel, supplies, disposal, and engineering services both within and outside the building as appropriate. The drawings should also show the location of plant and switch rooms, lift shafts and main engineering service routes.

5 The drawings dealing with subsequent phases will normally be limited to showing how these phases will fit in with the overall concept of the project, from the viewpoint of the inter-relationships with existing and proposed buildings and communications. In certain cases, e.g. tightly-knit developments, it may be necessary to describe in detail in the development control plan all phases of the project.

6 Where the proposed works consist of the improvement of or additions to existing accommodation which is to remain in use, the production of a fully detailed development plan will be unecessary, since the layout of the bulk of the buildings and services is fixed. The extent of the detail to be provided will depend on the scope and nature of the works.

7 The drawings needed to deal with these requirements are detailed in Appendix 1 and may be summarised as follows:

(1) **SITE PLANS** indicating existing conditions.

(2) **SITE PLANS** indicating proposals, that is *Phase Drawings* consisting of a series of drawings showing:

(a) Existing buildings and identifying those due for demolition and those to be retained.

(b) New work proposed in the phase under consideration.

(3) **LAYOUTS DRAWINGS viz. —Floor Plans** of new buildings and existing buildings (to be retained) indicating the perimeter of each department, waiting spaces not included in departmental areas, the main communication areas and the housing of engineering services. (Marginal notes to be provided as necessary to indicate dimensions).

(4) **ELEVATIONS AND SECTIONS.** These will be required to demonstrate the utilization of the site and the modelling and the co-ordinating dimensions. They will also be needed by the engineer and/or quantity surveyor to explain the proposals, or for costing purposes.

8 Where existing hospitals are to be re-developed without lapse of service to the community, phase plans will be of the greatest importance. The pattern of departments and services available at any time and the sequence of demolition and decanting may require detailed proving studies related to the project network.

Production of the Development Control Plan

9 The primary task is to locate the departments forming the project in the most advantageous and economical functional relationships to each other within the broad building shapes selected at Stage A, consistent with the decisions that have been taken on operational policies, taking account of the detailed characteristics of the site, and of the need to allow for growth and adaptability during the life of the buildings.

10 The gross floor areas for the departments to be accommodated may be available from provisional schedules of accommodation, or estimated from the information given in the Departmental Cost and Area Guide, Appendix 7 to H.B.P.N.6.

11 The control plan should evolve from the simplest of diagrams based on the appraisal of requirements reached at the end of Stage A, to a refined set of drawings. Successive sketches will take account of the results of site investigations and capital and revenue cost studies of the various proposals by the engineer and quantity surveyor. Appendices 3–6 illustrate the evolution of a control plan from simple bubble diagrams to a 1/500 scale layout.

12 The design process at stage B will be concerned with the overall system of communications, the location of the main traffic generating departments and the

relationship of individual departments to each other and to the complex. At the bubble diagram stage the outline of the overall communications system should be determined. This overall system will deal with major traffic flows of personnel, supplies and services and will be governed by the operational policies previously determined. For example, if the intended policy for supplies to departments is one of supply trolleys providing topping up service, a ring main communication route will be required. On the other hand, a policy of existing mobile storage units may not require a ring main route. The need for separate communication routes for staff, patients and visitors will also require consideration. Engineering services may be related to the main corridor system within each floor or may rise vertically from a basement ring main to a number of separate distribution points.

13 Within the framework of the whole hospital system of communications, it will be necessary to give early considerations to the precise location of the main traffic generating departments. Determination of the access required for personnel, supplies and disposal the intake of main engineering services and the routes of external communications will follow.

14 The more detailed design work of relating individual departments to each other and to the whole can now take place. This will be guided by the statements of operational policy. Compact planning presents advantages in reducing communication space and time spent on journeys between departments, but these must be balanced against the need, wherever possible, for natural light and ventilation, flexibility of layout and allowance for increase of the size of departments, all of which are influences towards loosely knit plan forms.

15 The need to allow for growth and flexibility requires careful consideration and should be the subject of advice from the planning team. If the site on which the hospital is to be constructed is restricted all contrived tolerances for provisions for future expansion may be particularly expensive. For example provision of open courtyards which may later be filled in will require engineering services capable of providing the air conditioned environment necessary on the loss of natural light and ventilation. Expansion to be provided by the construction of extra floors above the roof is exceptionally expensive and disturbing to the occupiers of the building. On the other hand, the provision of a long open ended hospital street with open ended departments springing from it will require a large investment in communications space. In heavily populated areas hospitals will often be sited reasonably close to each other and it may be uneconomic to allow for growth in each. The regional pattern should be considered as a whole and it may be found that allowance for increased demand for hospital facilities can be provided either by the construction of a new hospital within the area or by the designation of one or two existing hospitals as expansion projects. In sparsely populated areas, it is less likely that sites will be restricted and it will normally be possible to make allowances for growth relatively inexpensively.

16 There are several ways in which allowance may be made for future change:

(i) Elimination of load bearing walls.

(ii) Designing for growth.

(iii) Planning departments in close relation to each other and assuming that the majority of increases will be capable of absorption by simultaneous reduction in other departments.

(iv) Planning departments to allow for increased intensity of use. In some departments the average intensity of room use has been found to be markedly below the maximum possible use. Modifying operational policies and increasing the staff and/or equipment may enable a department to increase its effective contribution to the hospital without physical expansion.

17 The preparation of the development control plans calls for close collaboration between the architect, engineer and quantity surveyor. There should also be frequent consultation with a planning team and with other professional advisers at Board or Department level as necessary.

18 During the production of diagrams and layouts, the engineer will advise on the impact of proposals on engineering design and the related capital and revenue costs. Factors affecting engineering include the location of energy conversion centres, average thermal insulation values and orientation and shapes of buildings, especially when mechanical ventilation or air conditioning will be in continuous use because of deep planning or the provision of a sealed environment. The disposition and design of lifts and other mechanical conveyors required to satisfy operational requirements will need to be determined and separate graphic or cost studies may be needed. The engineer will be studying the requirements for utility services and their distribution routes and making a technical and cost appraisal of the choice of fuel for steam raising etc.

19 The engineer should prepare a report to supplement the development control plan giving an outline of the engineering requirements for the scheme. Appendix 2 gives a check list of the major items to be covered in the report, which should pay particular attention to additional engineering requirements and on-costs.

20 Throughout the preparation of the control plan the quantity surveyor will be advising the architect on the building cost implications of the various proposals, including the building work associated with engineering; making separate cost studies as necessary.

Budget Cost: Stage B

21 As the development control plan approaches finality a detailed assessment of on-costs must be made for the purpose of producing the budget cost for the scheme. The control plan will permit the measurement and costing of a major proportion of the costs (e.g. communications and most external works items) and will assist the engineer and quantity surveyor in assessing the cost of the remaining items.

Industrial Building Technology

22 The development plan should be prepared bearing in mind techniques and methods developed for the implementation of industrial building technology as described in the Health Service Design Notes. This will ensure the effective transition from the development plan to later stages of detailed planning. An essential issue will be consideration of the appropriate design frameworks and the implications of technology stemming from their use.

Consultation with the Department

23 There should be informal discussion with the Departments' Officers concerned with the project during the evolution of the development control plan. There should be a formal meeting between the Planning Group and/or the Project Team and the Department when the control plan is approaching finality so that agreement can be reached on adjustments needed to bring the plan to its final conclusion. Nine copies of the control plan together with the outline of engineering requirements will be required by the Department.

Graphic Conventions

24 Development control plans will provide an important source of research data and uniformity of appearance of these plans is clearly desirable. In order that comparisons may be drawn between plans for different projects it is necessary that the graphic techniques should be uniform. The most important areas in which uniformity is needed is in scale, and it is considered that 1/500 should be used in all development control plans. A number of widely used conventions are indicated in the check list of information to be included on the drawings, and in the example diagrams, and it is recommended that these should be adopted.

25 The conventions chosen should allow drawings to be reproduced quickly and in quantity. These requirements preclude dependency on the use of colour to distinguish the separate elements on the drawing, but of course the addition of colour, particularly to those drawings which will be exhibited to discussion groups, will be a most useful supplementary aid to quick understanding of the drawings.

Drawings required and check list of contents

1 **Site Plan(s)**

A site plan at 1/500 scale will always be required. This is for record purposes and may be updated periodically as more data is acquired from survey and soil tests etc. Copies of the site plan will form the basis of phase drawings and other explanations of decanting which may be necessary for redevelopment projects. A location plan at a scale of say 1/2500 will usually be of assistance in the consideration of external approaches, public transport routes, town planning proposals, etc. A location plan to supplement the site plan may be in the form of an ordnance survey map, or an aerial photograph. The site plan at 1/500 scale must show:

(a) Levels (preferably contours) together with any information currently available on main services, geological data, landscape etc.

(b) Existing buildings. Ground floor perimeters with number of storeys indicated.

(c) Existing external communications to the site: roads, services, drainage etc.

(d) Existing internal communications within the site: roads, services, drainage etc.

(e) Adjacent properties as necessary to assist the designers in taking decisions within the site boundary, e.g. height controls, sight lines, ancient lights, wayleaves, rights of way etc: potentials of expansion of project over adjacent properties subject to purchase.

2 **Site Plans—Phase Drawings**

A series of drawings at 1/500 scale, each drawing showing one phase of the development. Each phase plan will distinguish between:

(a) Existing buildings on the site scheduled for demolition.

(b) Existing buildings scheduled for retention.

(c) New work already completed in previous phases.

(d) New work in the particular phase under consideration.

(e) Sources of communications to be emphasised (regardless of phase) e.g. main entrances: boiler house: kitchen etc.

3 **Content Drawings**

A series of drawings at 1/500 scale, each drawing showing the departmental content at one floor level. The ground floor (and possibly others) where circulation is complex will require two drawings, one to show road traffic and personnel (staff, visitors, patients) communications, and the other to show main engineering services and supply and disposal routes. The latter will be a supplementary drawing and may usefully be presented on translucent paper. Sections and part elevations may be required to explain the scheme and allow cost estimates to be made. Where elevations are not shown it will be sufficient to specify thermal insulation values for the surfaces. Each floor drawing should indicate:

(a) (i) The names of the departments which are included.

(ii) The number of functional units and the area provided.

(iii) The functional unit content and area of existing buildings at the same floor level, where these affect the scheme.

(iv) A marginal schedule of departmental areas, and total floor areas. This is required to show the percentage of the area allocated to communications and additional accommodation not attributable to individual departments e.g. visitors' rooms, creche etc. (See Appx 5).

(b) Key services departments which generate traffic and communications, and the key points of vertical communications such as stairs, lifts, ducts etc.

(c) Communication routes for each of the following:

(i) Personnel (staff, patients, visitors).

(ii) Supply and disposal (food, stores, equipment etc.).

(iii) Engineering Services.

(iv) External roads, hardstanding, car parks.

(v) All access points to be emphasised with bold arrows indicating to whom they apply.

The above list illustrates the plan drawings needed. Sections and elevations appropriate to each stage are also required.

APPENDIX 2

Outline of engineering requirements check list of contents of report

1 **Key Service Departments**

(a) Boiler House:

(i) Boilers: Number, type, operating pressure, maximum continuous rating.

(ii) Fuel: medium, proposals for storage and handling.

(iii) Mechanical stokers/oil burning equipment: brief details.

(iv) Instrumentation: brief details.

(b) Laundry: Output. Hospitals to be served indicating type and number of beds. List of fixed equipment and mechanical handling arrangements not covered by B.N. recommendations.

(c) Workshops: Number of beds at location. Total area proposed. Number, category and area for trade. List of fixed equipment.

(d) Kitchen: Number of meals. List of fixed equipment not covered by B.N. recommendations.

(e) C.S.S.D.: Number of beds served. List of fixed equipment not covered by B.N. recommendations.

2 **Other Departments**

(a) Building Note Departments:

(i) Description of the environmental design conditions, if differing from B.N. recommendations.

(ii) Details of additional engineering proposals.

(iii) Details of on-cost items [see paragraph 3(a) below].

(b) Non-Building Note Departments: A general report indicating the environmental design conditions required and brief details of each service proposed e.g. heating, lighting, ventilation etc.

3 **On-costs**

(a) Abnormal Engineering: Details of increased content or of special requirements brought about by site factors, building shape and height. These details should be provided under each service giving the location of the increased content or special requirement.

(b) Lifts: Number, type, contract load, contract speed.

(c) External Works:

(i) Steam Supply: locations to be served.

(ii) Calorifier Plant: location, type, rating/capacity.

(iii) Heating and Hot Water Supplies: details of any special distribution or control arrangements for departments not in use at night time or week-ends.

(iv) Town Gas Supply: brief description indicating accommodation to be served and metering proposals.

(v) Medical Gases, Suction, Compressed Air: Details of central arrangements.

(vi) Cold water: main storage (location and content). Water pressurisation and water treatment (extended and need).

(vii) Fire Fighting: description of proposals.

(viii) Sewerage/Pumping Plant: proposals associated with drainage.

(ix) Incinerators: type, description.

(x) Boiler House Chimney: height, number of flues proposed.

(xi) Electricity:

(a) Incoming Supply: pressure, number and cross section area of feeders, termination points, metering.

(b) Distribution: number and location of sub-stations and inter-connecting arrangements. Type and capacity of transformers. Method of distribution e.g. ring, radial. Type and cover section areas of extra high voltage and medium voltage cables. Metering arrangements.

(c) External Lighting: number and type of fittings.

(d) Stand-by Supply: type of provision, capacity, method of operation.

Notes:

(a) A brief description is required of proposals for accommodating distribution mains external to buildings and between departments within buildings.

(b) The report need not contain details of boiler plant and associated requirements if it is to be accompanied by an economic appraisal on the choice of fuel.

(c) Details of additional engineering proposals are required in the Report. It will be necessary for the cost of additional engineering (e.g. extra ventilation), whether referred to as such in Building Notes or brought about by clinical or other user needs, to be met within the allowance provided in the Department Cost and Area Guide (see HBPN 6).

APPENDIX 3

BUBBLE DIAGRAMS

These show the design thought processes which have been passed through to reach a solution to the particular planning problem on this site. The sequence of progression from one diagram to another is not standard; it will depend upon the nature of the design problem and vary according to Regional planning preferences. In this case a preference was stated for a particular ward floor pattern. Phasing and timing of the project will be considered and feasibility sketches drawn to illustrate decanting sequences.

Sk.A. Site location—external roads and access.
Possible disposition of zones of activity on the site.

Communications, roads, car-parks etc. related to activity zones.

Orientation, configuration of land (slope) etc.

Sk.B. General inter-departmental links.
Identification of departmental groups, functions, etc.

Relationships of horizontal and vertical traffic.

Sk.C. Axonometric study of internal communications and the arrangement of floors and activity zones.

Sk.1, Sk.2, Sk.3, Sk.4 Arrangements of departmental levels to satisfy external communications and to make optimum use of site (slope) etc. Definition of some general proportions of plan and section.

As these diagrams are being produced each member of the planning team (and any other consultants called in) will be making their comments, and where necessary will be initiating traffic load assessments. e.g. for lifts, catering etc. The engineer will be particularly concerned with the location of the service area, including the central boiler house, and the identification of departments requiring mechanical ventilation or air conditioning. The termination points of utility supplies will be indicated on the site plan (these will be subject to re-appraisal during the preparation of the final drawings). Studies of vertical communications will be initiated.

APPENDIX 4

SKETCH LAYOUTS PRELIMINARY

These are rough outlines, to 1/500 scale, of the conclusions reached in the bubble diagrams.
The areas generated for communications can now be estimated and details of the traffic survey can be refined so that numbers and types of the lifts can be determined. The sizes of ducts, a Schedule of their contents, and their building implications will now be established. This should be based on similar accommodation in other hospital projects and not calculated in detail. When drawn to scale their influence on the plan and their probable cost influence will become apparent.

Consideration should be given to alternative methods of water and electricity distribution and to insulation values. The insulation values (see drg. 4) are necessary to enable heat losses to be calculated; and from these quantities of engineering services required to provide a specific physical environment. Informal discussions with the Department should take place during this phase of the design process, particularly in cases where "on cost" influences are in doubt.
Schedules of departments, functional units, and areas should be drawn up at this stage for inclusion on the final drawings.

FINAL DRAWINGS

(For engineering services see Appendix 6).

These represent the planning conclusions for the project; drawn to 1/500 scale and sufficiently accurate for measurement and the determination of the budget cost. Each floor drawing should include a schedule of contents, an example of which is given below.

A separate negative of each drawing will be made available to the engineer before personnel and other traffic communications are defined. This will allow services to be shown separately and avoid excessive complication of the graphic conventions.

SCHEDULE OF CONTENTS OF FLOORS

(To be included on the relevant Floor drawing).

Example

Lower Ground Floor Plan

Department	F.U.	No. Provided	Gross Area Provided
Admin. (Part)	points/area	See G.F. Dept.	2,700
Physio-Therapy	I.T.U's	24,000 I.T.U's	5,500
Occ. Therapy	Places	40	5,800
Med. Photography	Area		1,300
Pathology	Area/bed	400 (acute)	10,100
C.S.S.D.	Dept./area		4,000
T.S.S.U.	Dept./area	7 theatres	2,400
Central Stores	Dept./area	one	7,600
Kitchen	meals	1,400	8,100
Workshop	Dept./area	—	4,400
Boiler	Lbs./steam	40,000	5,500
Op. Theatre plant	as required by engineer		2,000
	TOTAL		*59,400*
	Measured area of floor plan as drawn		*76,000*
	Communication and additional areas		*16,600*

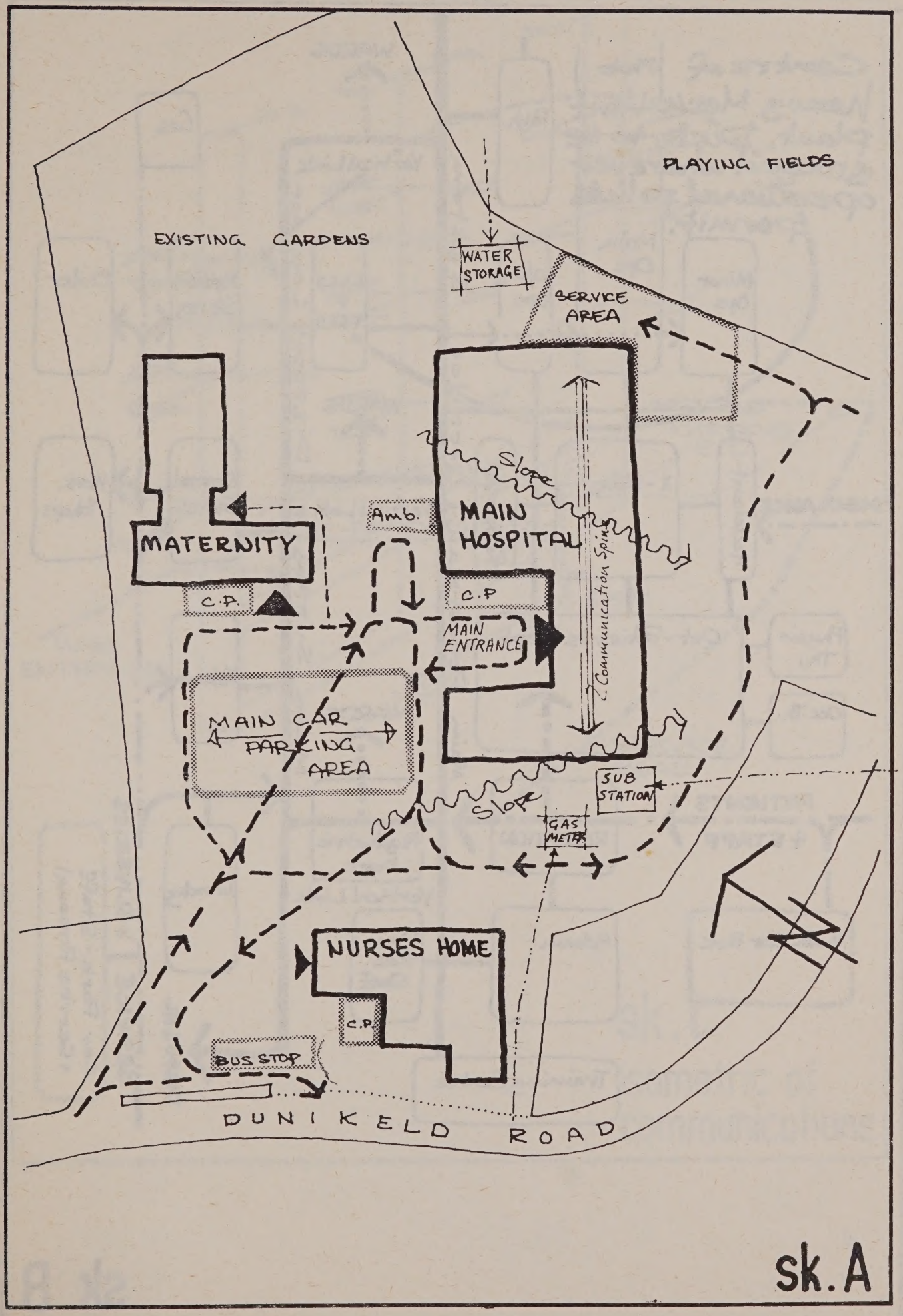
This material will be set out in metric form in Health Service Design Note 5.

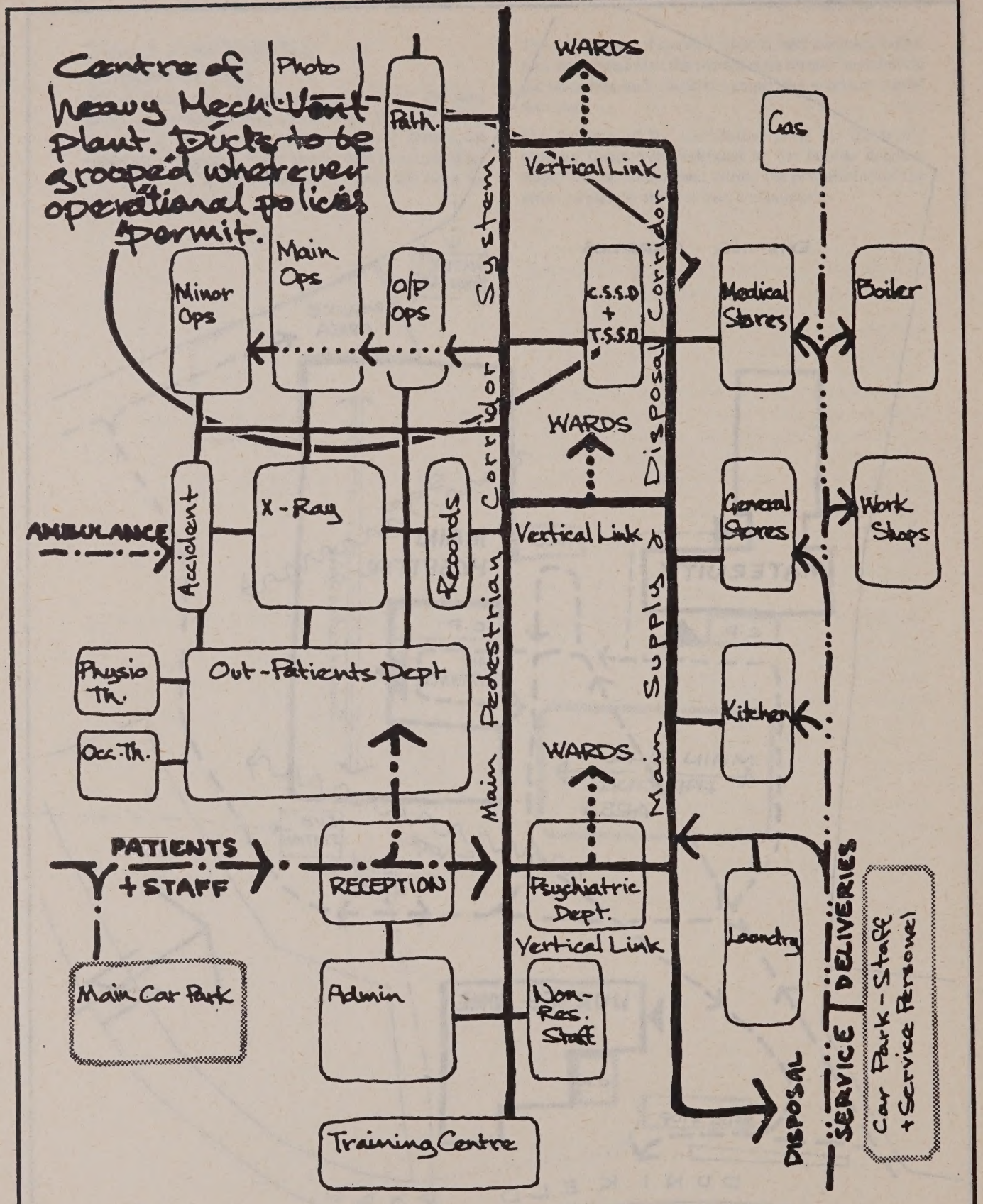
FINAL DRAWINGS (Engineering)

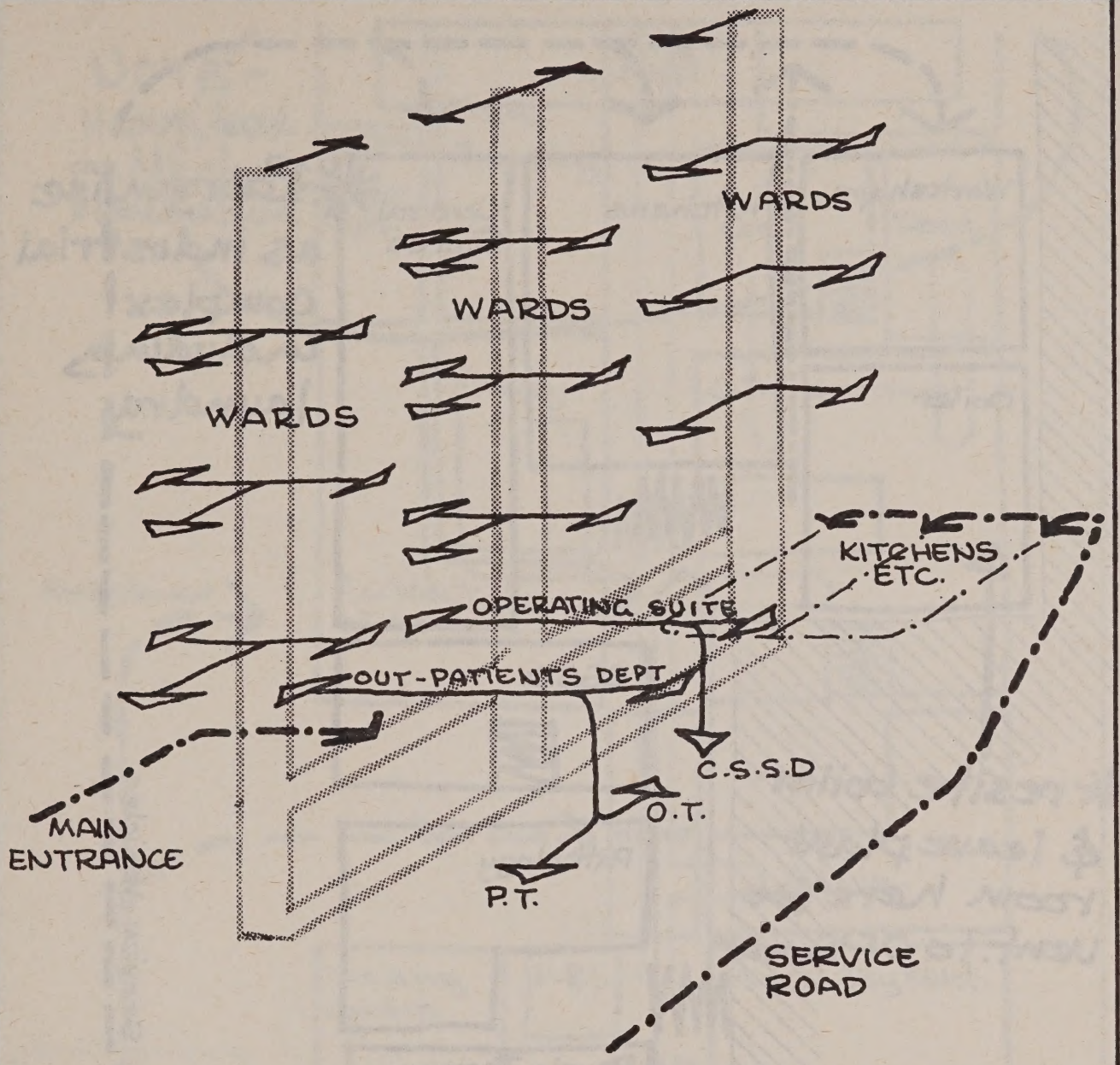
The engineer will indicate on negatives of the final drawings the engineering service runs to be provided as part of the external works; this will enable the engineering elements of the budget cost to be prepared on the basis of linear measurement and unit rates for specific items of plant.

The dimensions of ducts, trenching and auxiliary buildings associated with the service runs should be noted on the negatives and checked against the architect's final drawings.

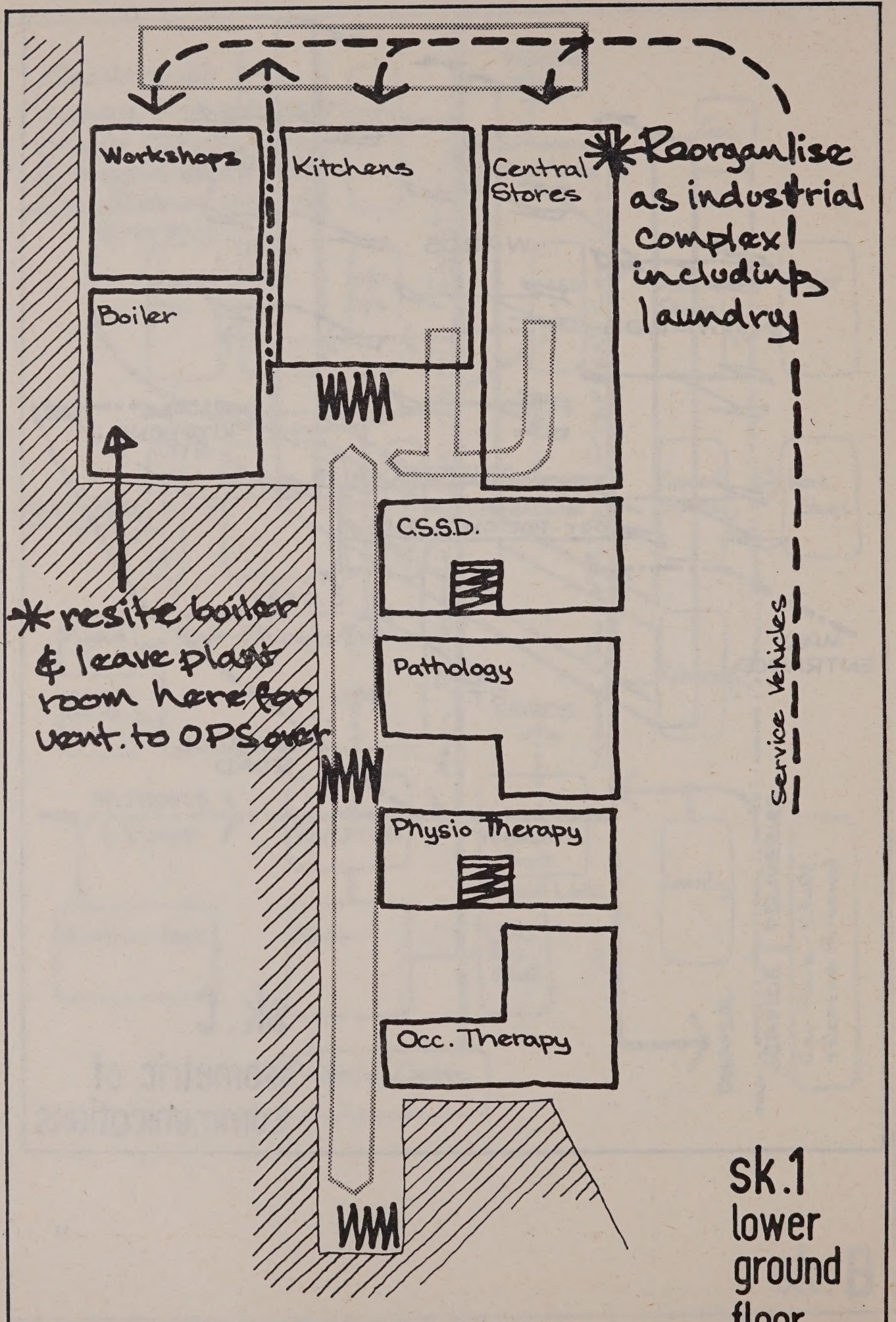
The location of the termination parts for the utility supplies (tentatively indicated at the bubble diagram stage) will be reappraised during the preparation of the final site plan by the architect and engineer.

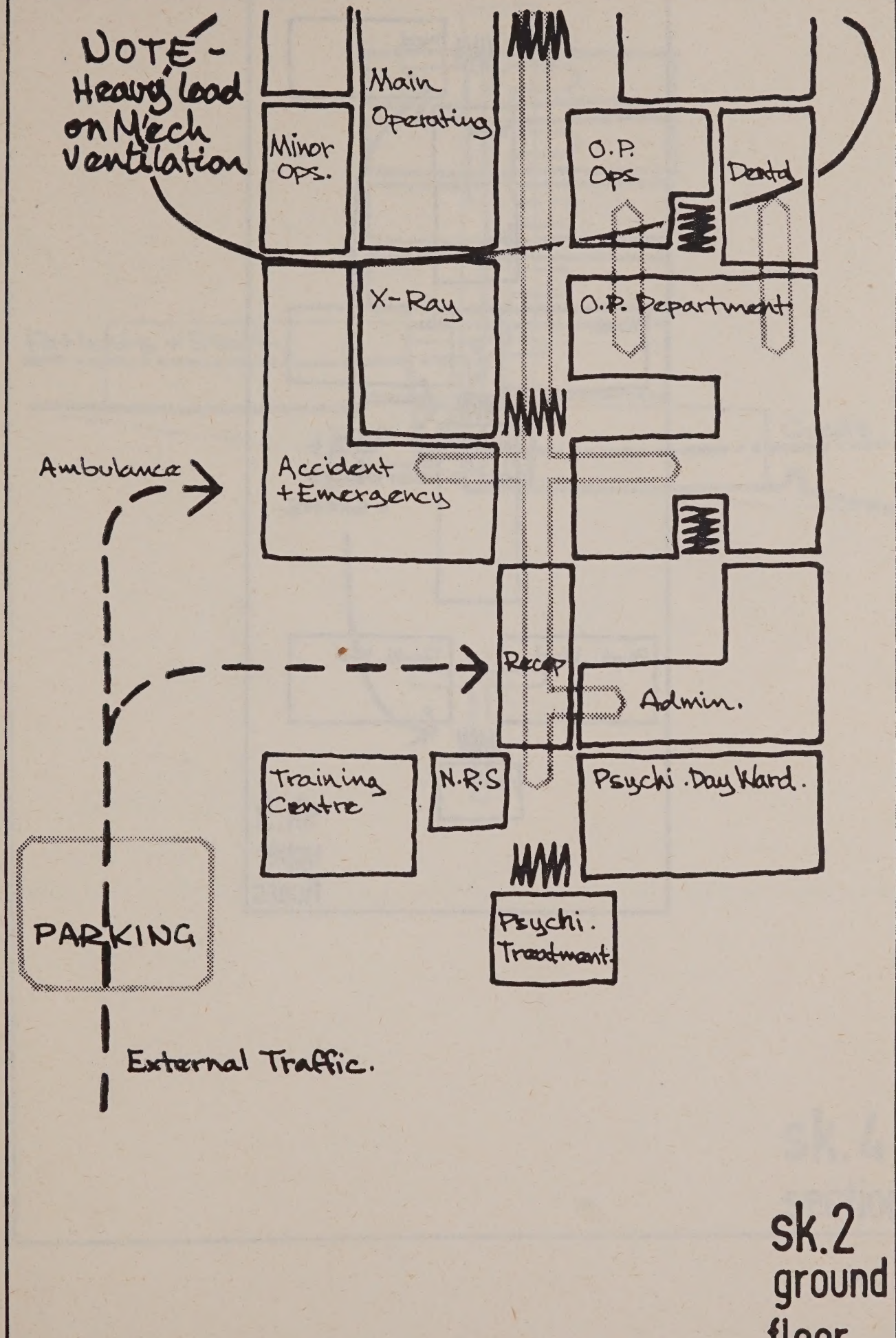

PLAYING FIELDS
EXISTING GARDENS
WATER STORAGE
SERVICE AREA
Slope
MATERNITY
Amb.
MAIN HOSPITAL
C.P.
C.P
MAIN ENTRANCE
Communication Spine
MAIN CAR PARKING AREA
SUB STATION
Slope
GAS METER
NURSES HOME
C.P.
BUS STOP
DUNIKELD ROAD
N
sk.A


Centre of heavy Mech. Vent. plant. Ducts to be grouped wherever operational policies permit.
Photo
Path.
Main Ops
Minor Ops
O/P Ops
WARDS
Vertical Link
Main Pedestrian Corridor System
C.S.S.D + T.S.S.D
Disposal Corridor
Gas
Medical Stores
Boiler
WARDS
Vertical Link
General Stores
Work Shops
AMBULANCE
Accident
X-Ray
Records
Physio Th.
Occ. Th.
Out-Patients Dept
Kitchen
WARDS
Main Supply
PATIENTS + STAFF
RECEPTION
Psychiatric Dept.
Vertical Link
Laundry
SERVICE DELIVERIES
Car Park - Staff + Service Personnel
Main Car Park
Admin
Non-Res. Staff
DISPOSAL
Training Centre
sk. B

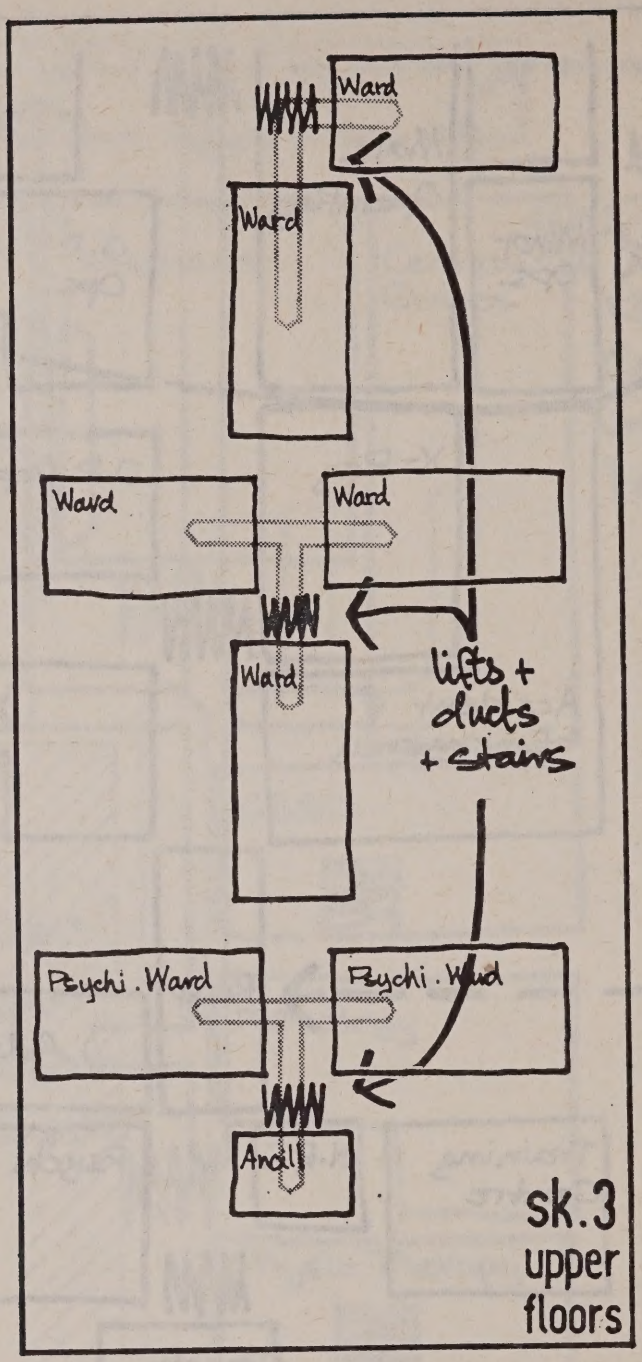


sk.C
isometric of communications


Workshops
Kitchens
Central Stores
Boiler
C.S.S.D.
Pathology
Physio Therapy
Occ. Therapy
Service Vehicles
*Reorganise as industrial complex! including laundry
*resite boiler & leave plant room here for vent. to OPS over
sk.1 lower ground floor



sk.2
ground
floor


Ward
Ward
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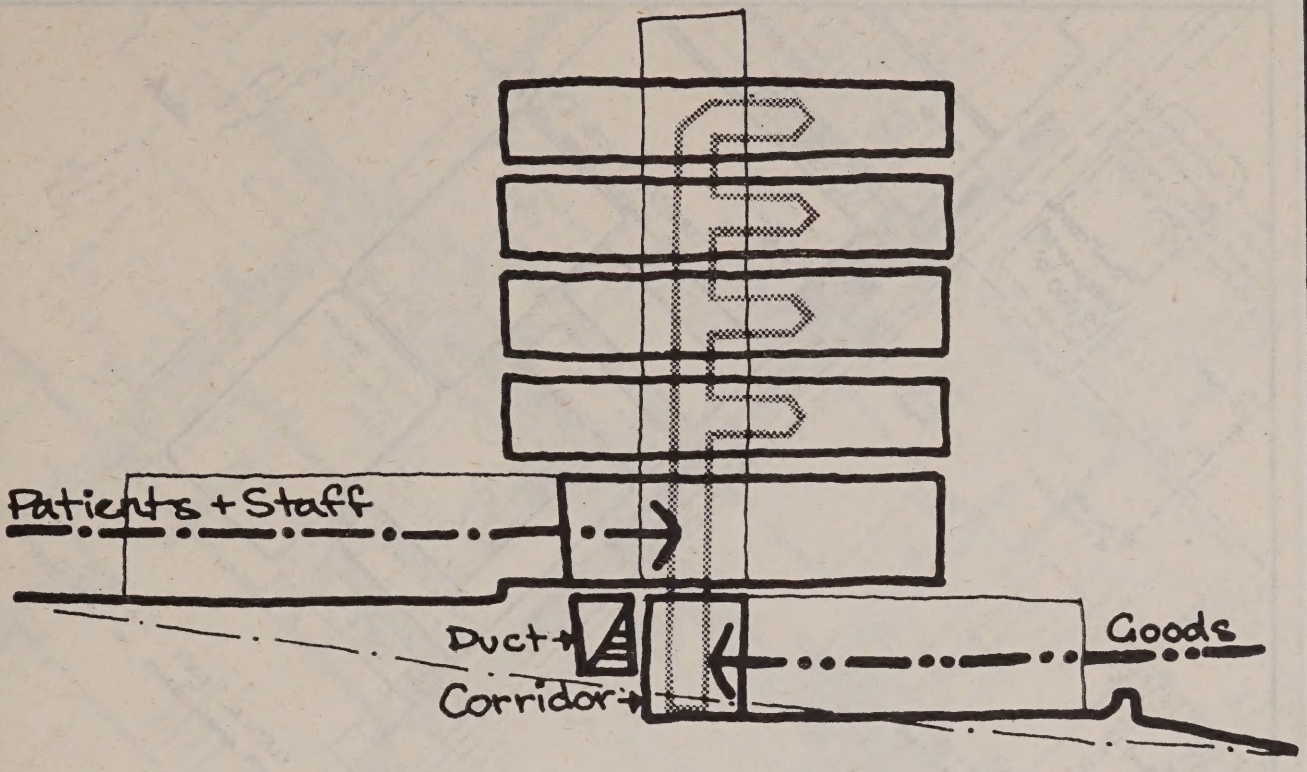
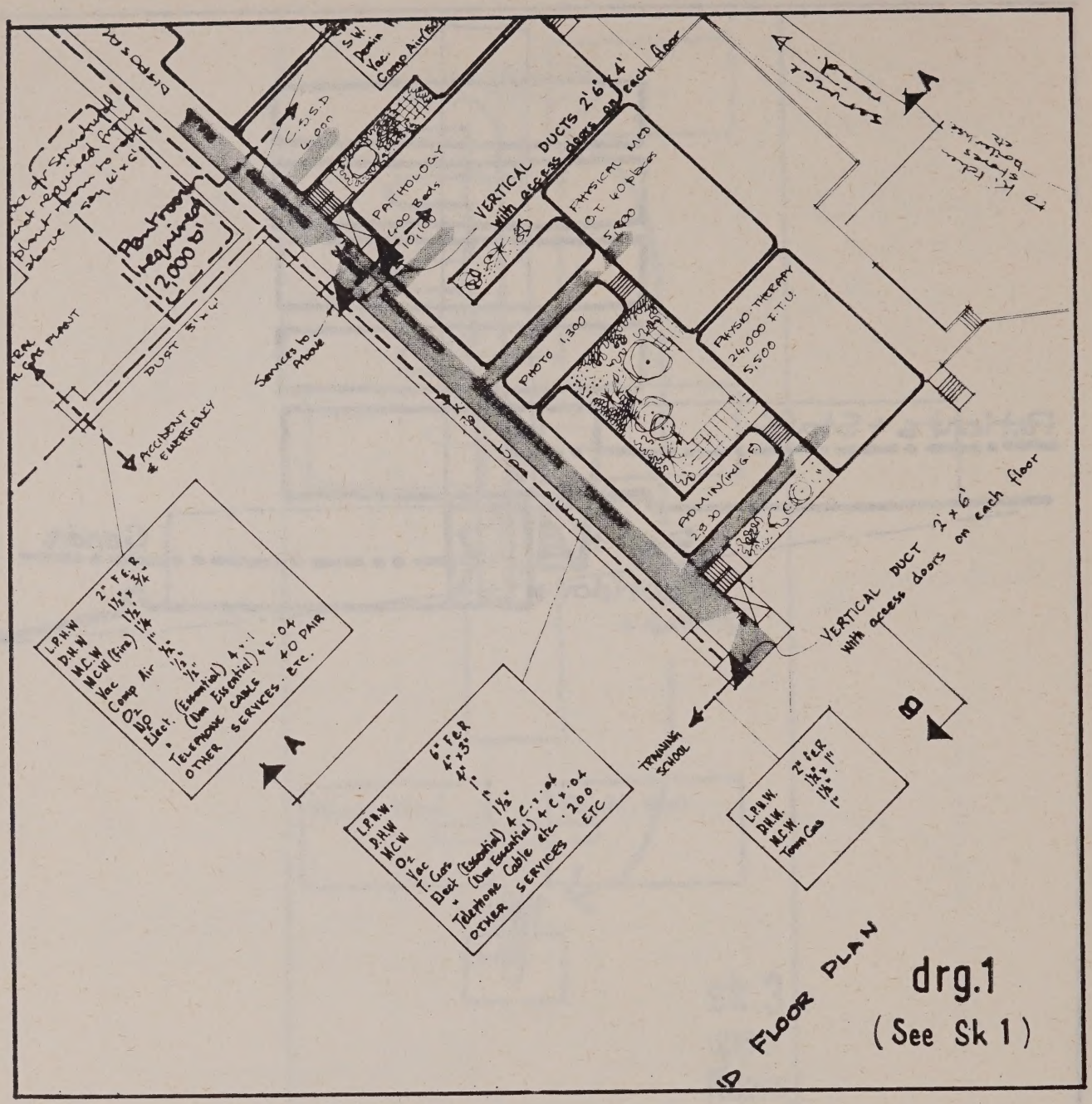
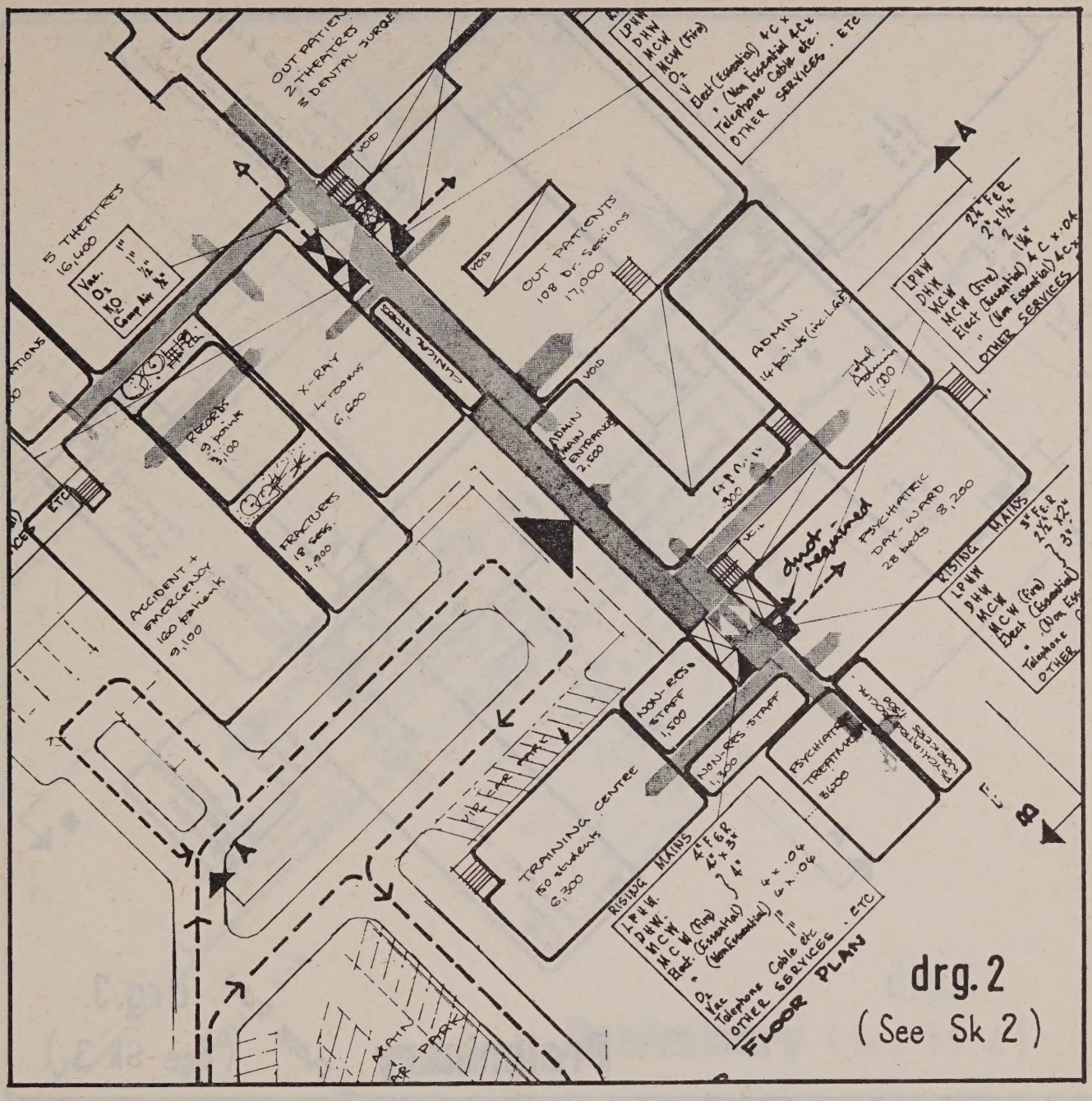
lifts +
ducts
+ stairs
Psychi. Ward
Psychi. Ward
Anall
sk.3
upper
floors



sk. 4
section

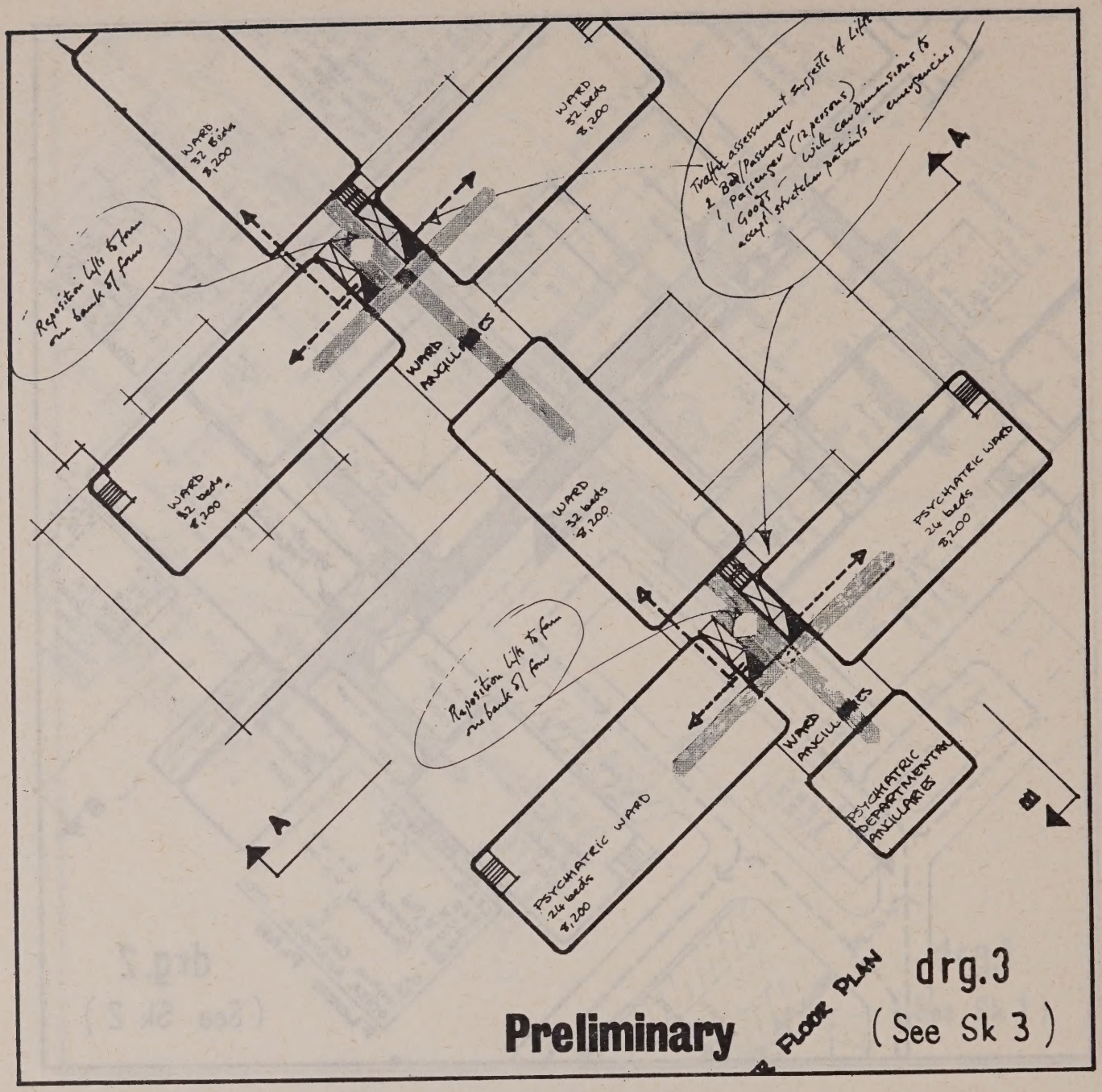

VERTICAL DUCTS 2'6" x 4' with access doors on each floor
PATHOLOGY 400 Beds 10100
PHOTO 1300
PHYSIO THERAPY 24,000 F.T.U. 5,500
PHYSICAL MED OT 40 places 5400
ADMIN (incl G.P.) 23 x 20
Pantroom required 2,000 U
DUCT 5'6" x 1'
Services to Above
ACCIDENT & EMERGENCY
VERTICAL DUCT 2' x 6' with access doors on each floor
TRAINING SCHOOL
L.P.H.W. 2" F.E.R.
D.H.W. 1½" x ¾"
M.C.W. 1½"
M.C.W. (Fire) 1½"
Vac 1"
Comp Air ¾"
O2 ½"
Elect. (Essential) 4 C.T.E.
(Non Essential) 4 C.T.E.
Telephone Cables 40 PAIR
OTHER SERVICES - ETC.
L.P.H.W. 6" F.E.R.
D.H.W. 4" x 3"
M.C.W. 4"
O2 1"
Vac 1½"
T. Gas
Elect. (Essential) 4 C.T.E.
(Non Essential) 4 C.T.E.
Telephone Cable etc. 200
OTHER SERVICES ETC
L.P.H.W. 2" F.E.R.
D.H.W. 1½" x 1"
M.C.W. 1½"
Town Gas 1"
A
A
B
B
D FLOOR PLAN
drg.1
(See Sk 1)

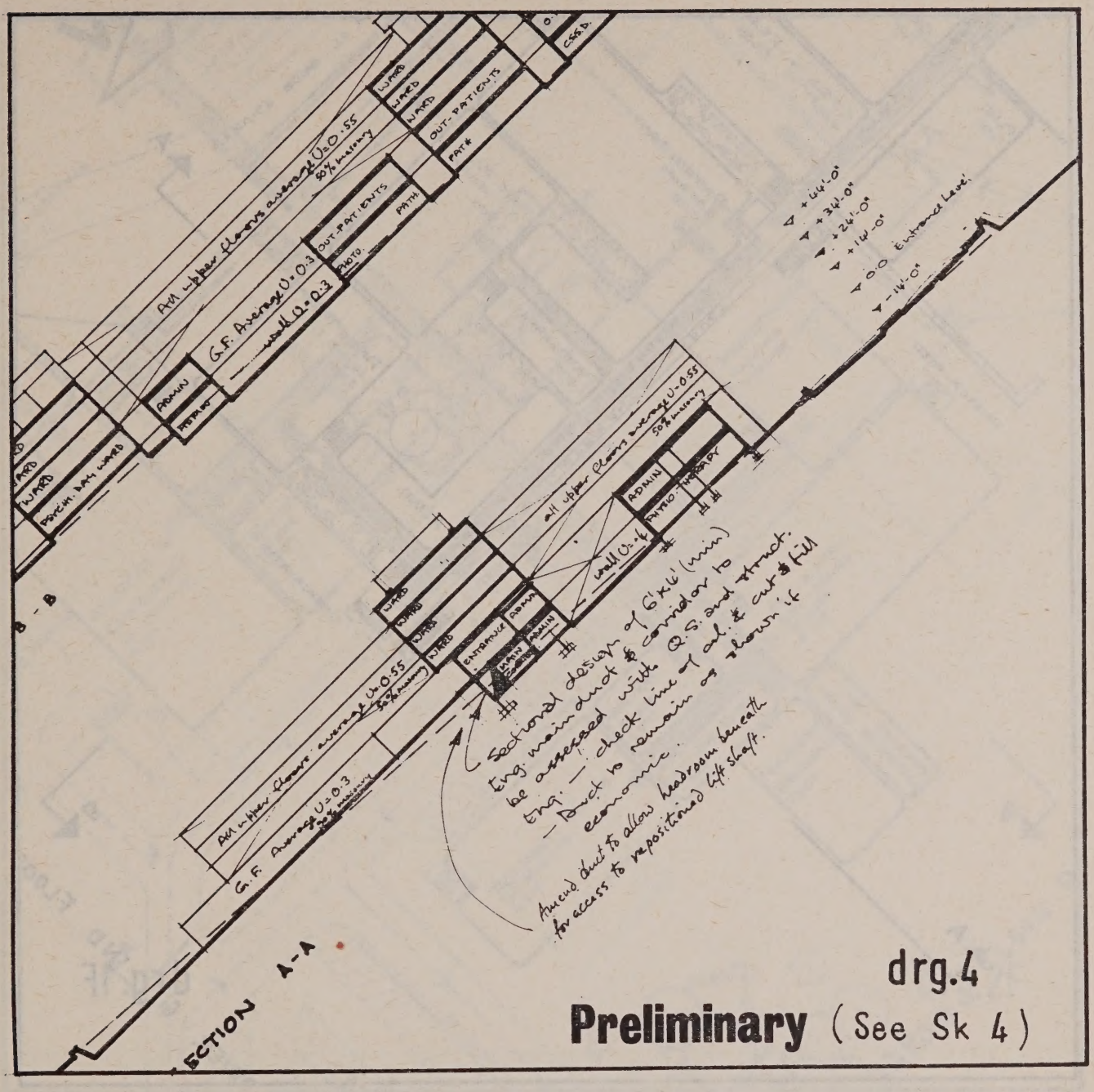


FLOOR PLAN

drg. 2

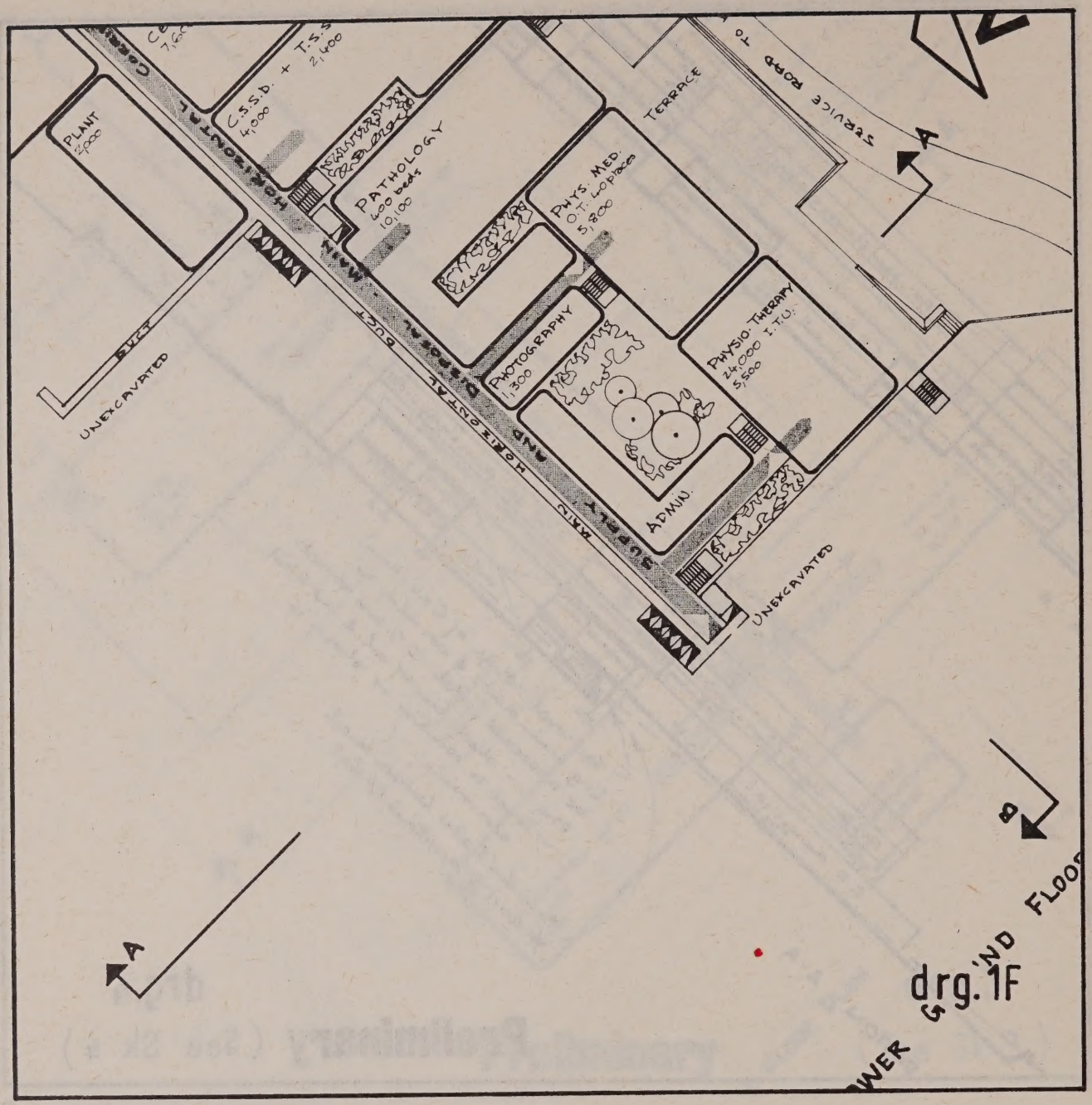
(See Sk 2)


WARD 32 beds 1:200
WARD 32 beds 1:200
Traffic assessment systems & Lifts
1 Bed/Passenger
1 Goods (12 persons)
with consideration to accept stretcher patients in emergencies
Reposition Lifts & Stairs on bank of four
WARD ANCILLARIES
WARD 32 beds 1:200
WARD 32 beds 1:200
PSYCHIATRIC WARD 24 beds 1:200
Reposition Lifts & Stairs on bank of four
WARD ANCILLARIES
PSYCHIATRIC DEPARTMENTAL ANCILLARIES
PSYCHIATRIC WARD 24 beds 1:200
A
A
B
B
FLOOR PLAN drg.3
Preliminary
(See Sk 3)

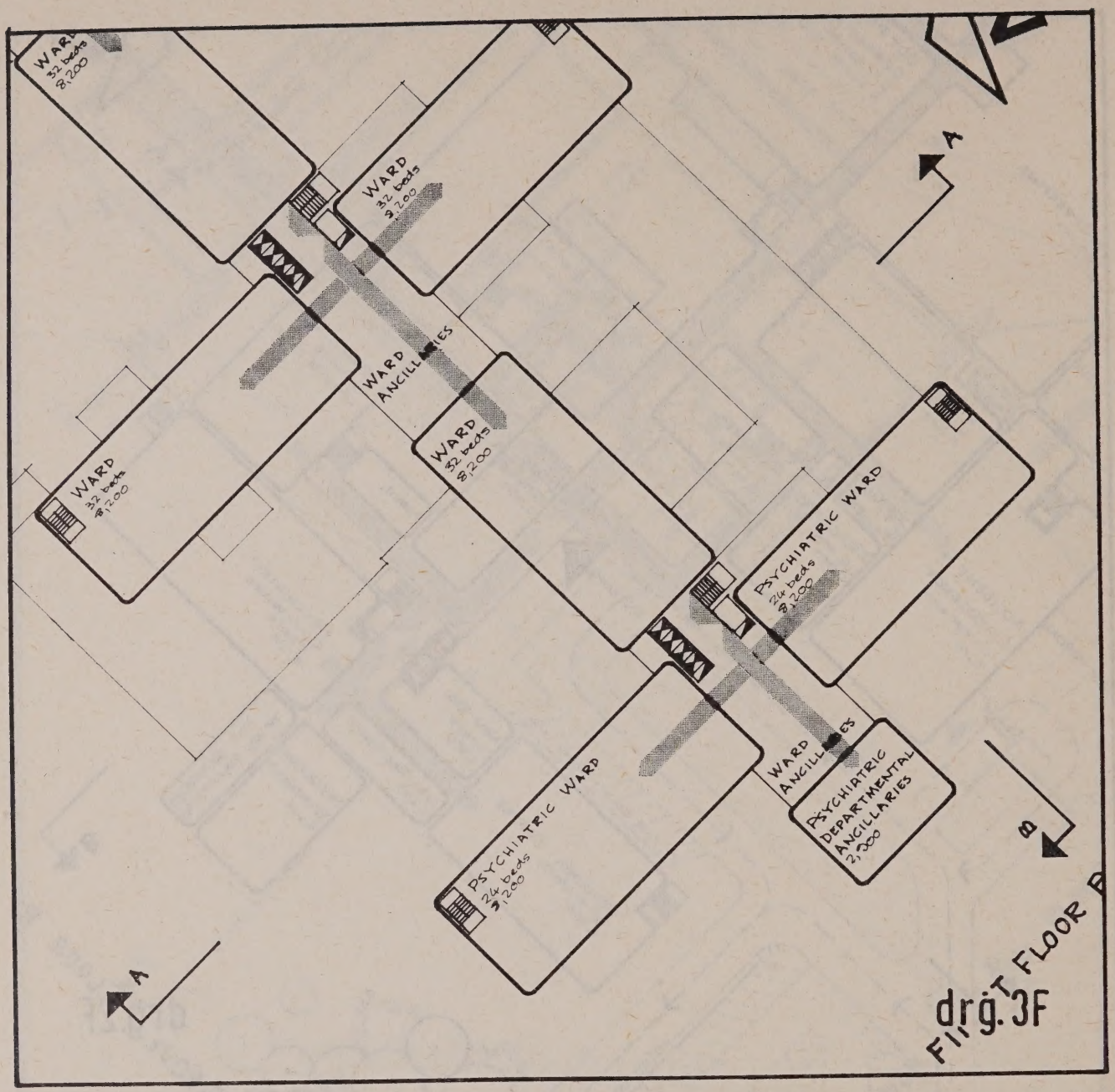


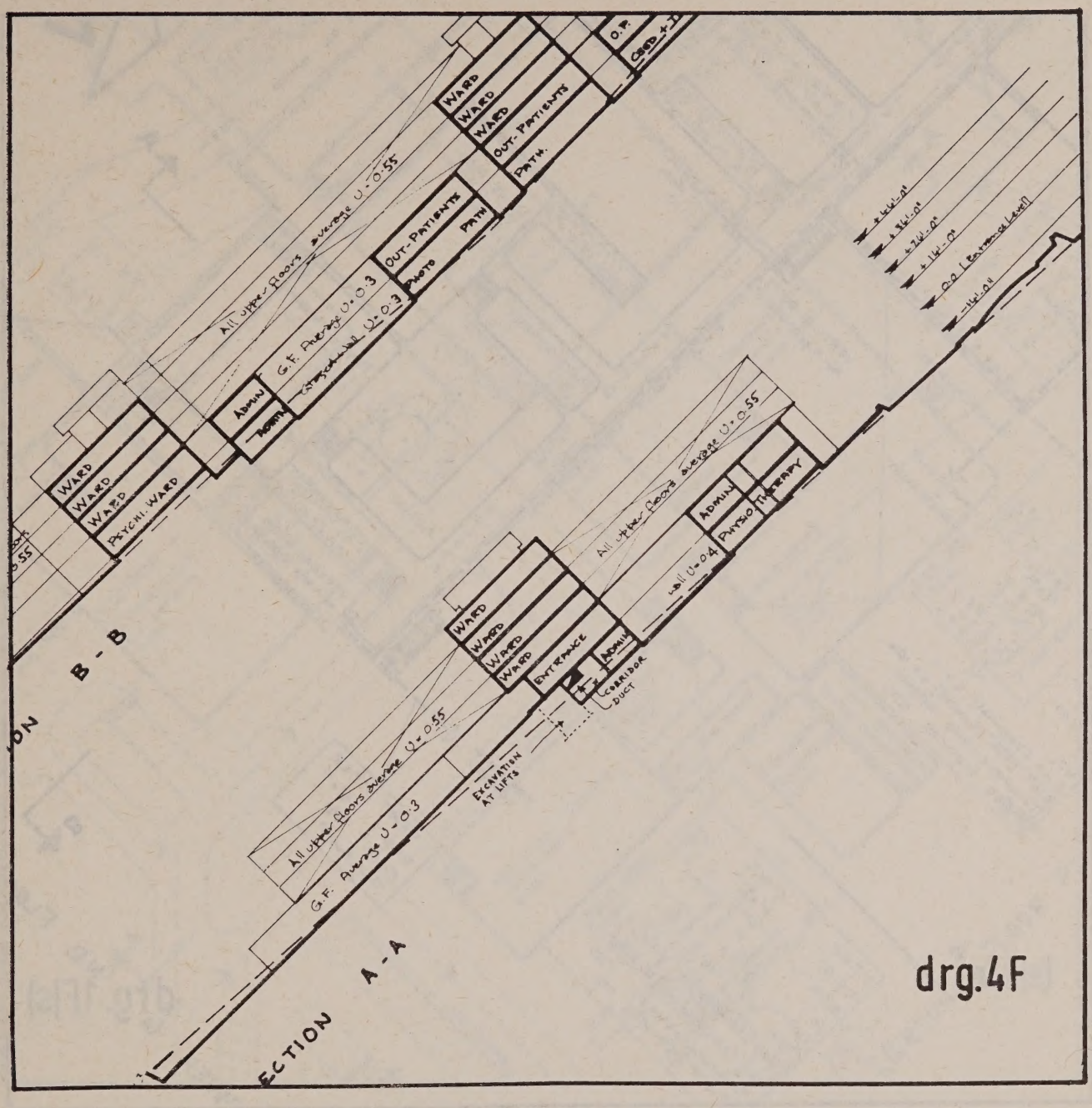
drg.4

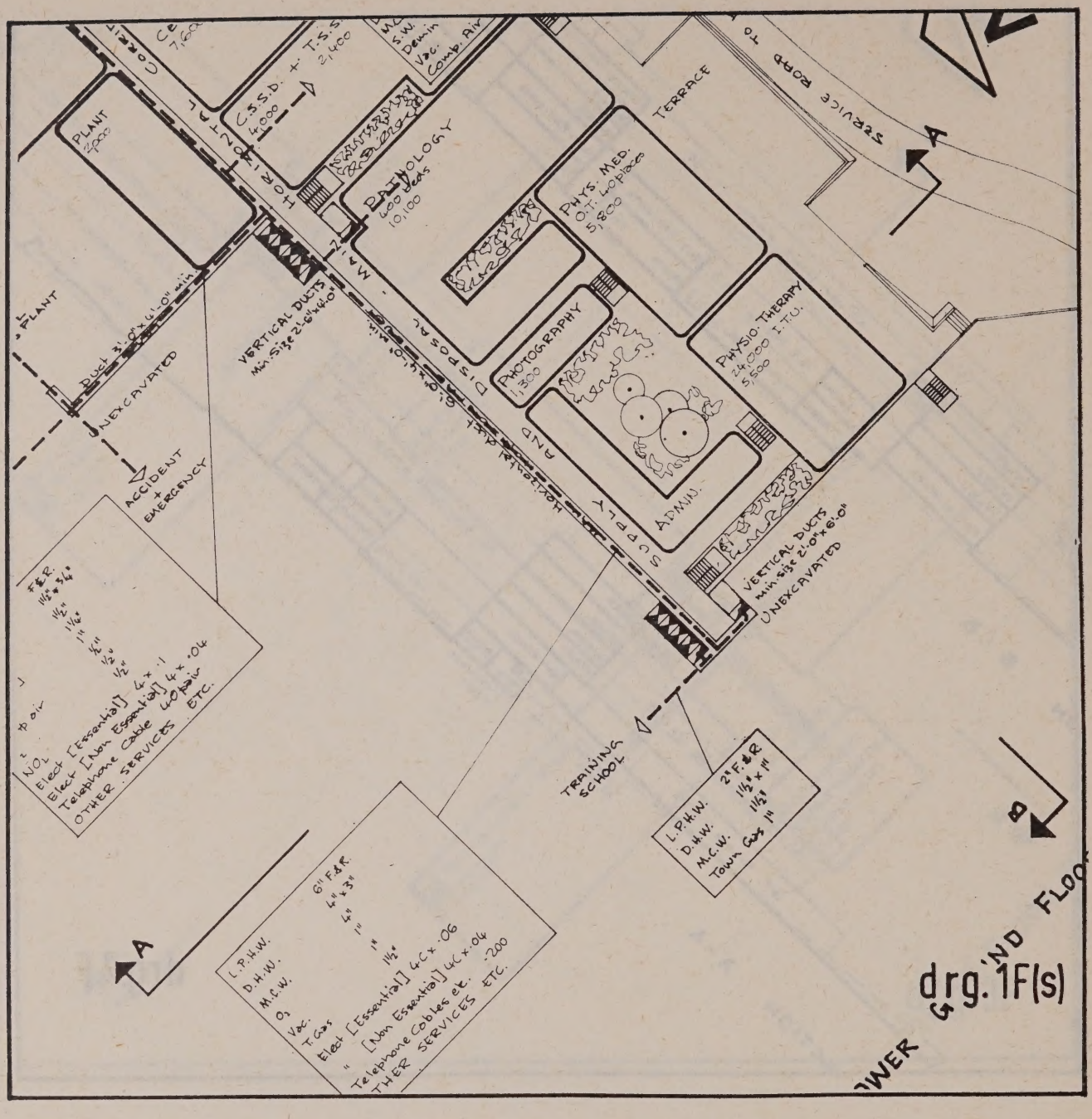
Preliminary (See Sk 4)

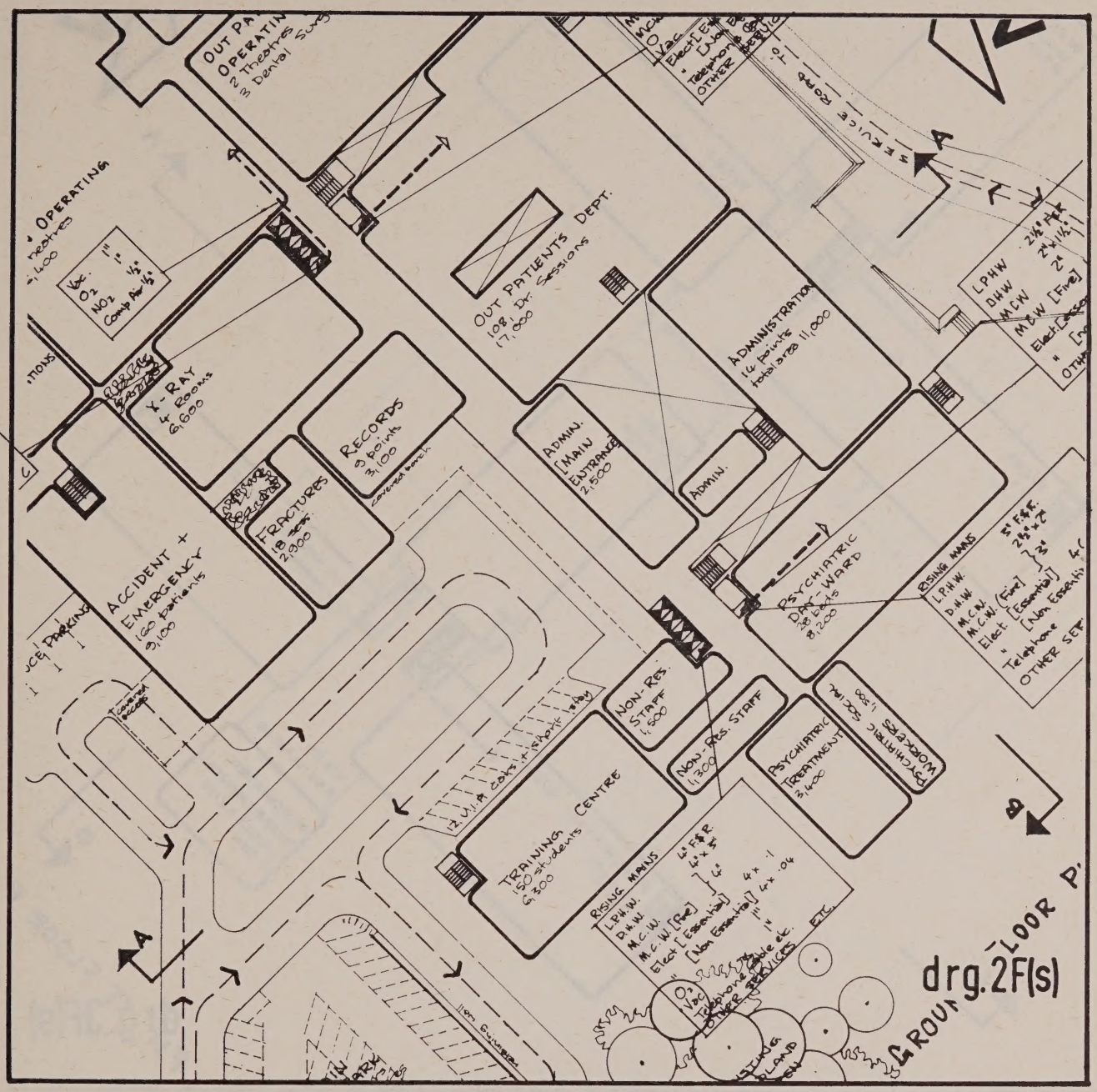

PLANT
4000
C.S.S.D. + T.S.S.
4,000 + 2,400
PATHOLOGY
400 beds
10,100
PHYS. MED.
O.T. 40 places
5,800
TERRACE
SERVICE ROAD TO
PHOTOGRAPHY
1,300
PHYSIO. THERAPY
24,000 I.T.U.
5,500
ADMIN.
UNEXCAVATED
UNEXCAVATED
A
A
B
drg. 1F
GROUND FLOOR

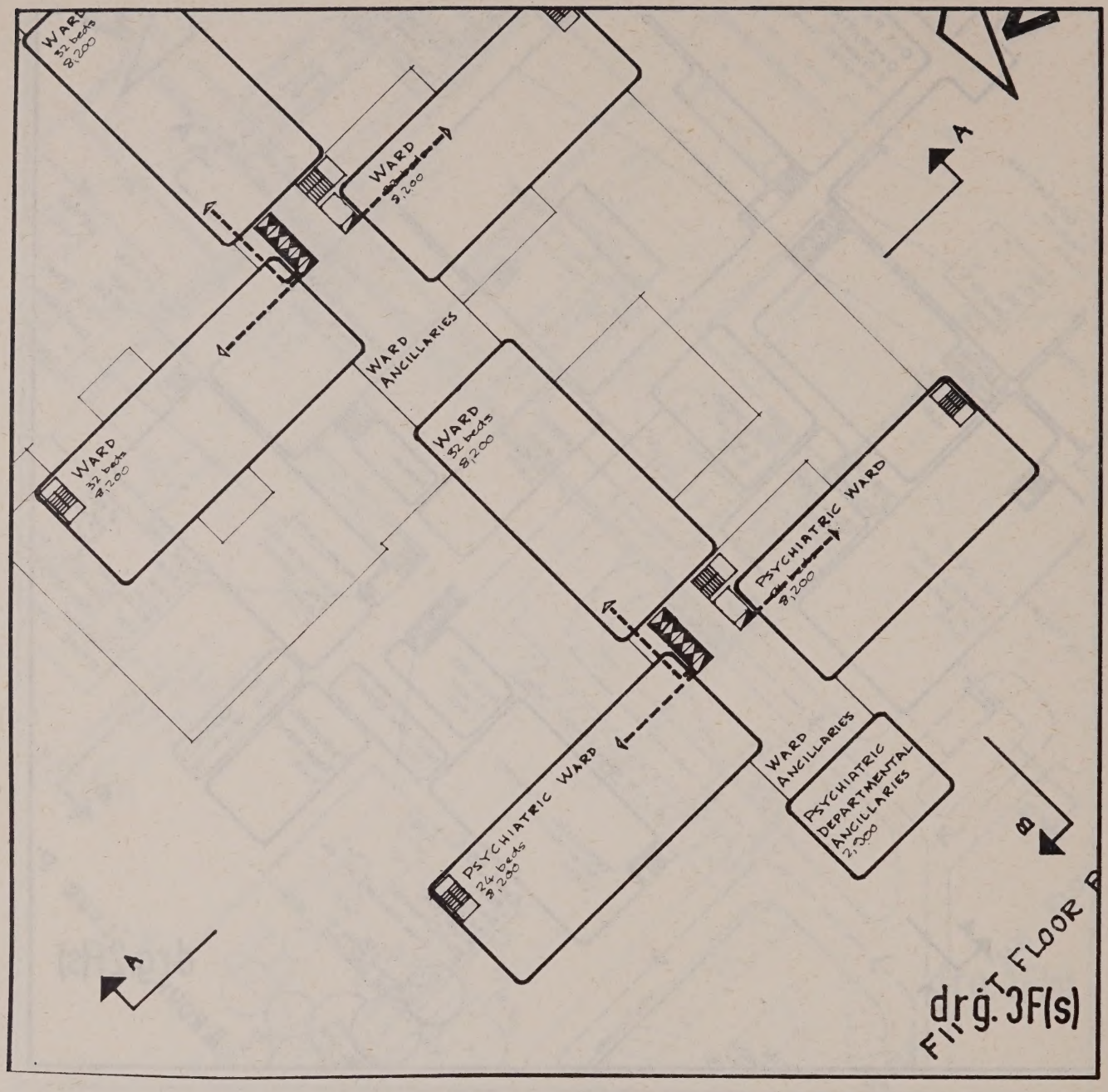
OUT PATIENTS DEPT.
108, Dr. Sessions
17,000
ADMINISTRATION
16 points
Tested to 11,000
ADMIN.
MAIN ENTRANCE
ADMIN.
2,500
RECORDS
3 points
3,100
X-RAY
4 Rooms
6,600
FRACTURES
18 Beds
2,300
ACCIDENT + EMERGENCY
120 Patients
9,100
PSYCHIATRIC
DAY-WARD
16 beds
8,200
NON-RES. STAFF
1,500
NON-RES. STAFF
1,300
PSYCHIATRIC TREATMENT
3,400
TRAINING CENTRE
150 students
6,300
MAIN ENTRANCE
A
B
drg. 2F


WARD
32 beds
$1,200
WARD
32 beds
$1,200
WARD
32 beds
$1,200
WARD ANCILLARIES
WARD
32 beds
$1,200
PSYCHIATRIC WARD
24 beds
$1,200
PSYCHIATRIC WARD
24 beds
$1,200
WARD ANCILLARIES
PSYCHIATRIC DEPARTMENTAL ANCILLARIES
2,000
A
A
B
drg. 3F
FLOOR P


WARD
WARD
WARD
OUT-PATIENTS
PATH.
O.P.
All upper floors average U-0.55
G.F. Average U-0.3
OUT-PATIENTS
PHOTO
PATH
Admin
North
WARD
WARD
PSYCH. WARD
B - B
WARD
WARD
WARD
WARD
ENTRANCE
ADMIN
CORRIDOR
DUCT
All upper floors average U-0.55
cell U-0.4
ADMIN
PHYSIO
THERAPY
All upper floors average U-0.55
G.F. Average U-0.3
EXCAVATION AT LIFTS
A - A
drg.4F


PLANT
Duct 3'-0"x 1'-0" min.
UNEXCAVATED
ACCIDENT + EMERGENCY
VERTICAL DUCTS Min. Size 2'-6"x4'-0"
PATHOLOGY
PHYS. MED. O.T. Lobbies
PHOTOGRAPHY
PHYSIO. THERAPY
ADMIN.
TERRACE
SERVICE ROAD TO
VERTICAL DUCTS Min. Size 2'-0"x6'-0" UNEXCAVATED
TRAINING SCHOOL
L.P.H.W.
D.H.W.
M.C.W.
Town Gas
drg. 1F(s)


OUT PATIENTS DEPT.
108 Dr. Sessions
17,000
ADMINISTRATION
14 points
total area 11,000
ADMIN.
[MAIN ENTRANCE]
2,500
ADMIN.
X-RAY
4 ROOMS
6,600
RECORDS
9 points
3,100
FRACTURES
18 beds
2,900
ACCIDENT + EMERGENCY
160 patients
9,100
PSYCHIATRIC DAY-WARD
30 beds
8,200
NON-RES. STAFF
1,500
NON-RES. STAFF
1,300
PSYCHIATRIC SOCIAL WORKERS
1,500
PSYCHIATRIC TREATMENT
3,400
TRAINING CENTRE
150 students
6,300
RISING MAINS
L.P.H.W.
D.H.W.
M.C.W.
M.C.W. [Fire]
Elect. [Essential]
[Non Essential]
Telephone
OTHER SERVICES
drg. 2F(s)



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